

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 5
For use by Members, officers, and employees

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LEGISLATIVE RESOURCE CENTER

2011 MAY -3 PM 1:27

MC

(Office Use Only)
U.S. HOUSE OF REPRESENTATIVES

Wm LACY CLAY 202-225-2406
(Full Name) (Daytime Telephone)

| | | | | |
|--------------|---|---|--|--------------------------------------|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: MO District: 01 | <input type="checkbox"/> Officer Or Employee | Employing Office: |
| | Report Type | <input checked="" type="checkbox"/> Annual (May 15) | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination |
| | | | | Termination Date: |

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|--|---|--|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedules I. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---------------------|--|---|
| Trusts-- | Detail regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Exemptions-- | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE I - EARNED INCOME

Name Wm LACY CLAY

Page 2 of 5

List the aource, type, and amount of earned income from any aource (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the aource for other spouse earned income exceeding \$1,000.

| Source | Type | Amount |
|-----------------------------|---------------|--------|
| St. Louis Development Corp. | Spouse Salary | N/A |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Wm LACY CLAY

Page 3 of 5

| BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or | | BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period. | BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. | BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
|--|---|--|--|---|--|
| SP | First Community Credit Union | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| SP | St. Louis Development Corp. Employee Retirement Plan - ING as follows: | | | | |
| SP | SEI Index Fund | None | None | NONE | S |
| SP | Stable Income Fund | \$1,001 - \$15,000 | None | NONE | P |
| DC-1 | Congressional FCU savings account | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| DC-2 | Congressional FCU savings account | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |

SCHEDULE IV - TRANSACTIONS

Name Wm LACY CLAY

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP, DC, JT | Asset | Type of Transaction | Capital Gain in Excess of \$200? | Date | Amount of Transaction |
|------------------|--------------------|------------------------|---|----------|-----------------------|
| | SEI Index Fund | S | No | 11-15-10 | \$1,001 - \$15,000 |
| | Stable Income Fund | P | N/A | 11-15-10 | \$1,001 - \$15,000 |

SCHEDULE VIII - POSITIONS

Name Wm LACY CLAY

Page 5 of 5

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|----------|---|
| Director | William Lacy Clay Scholarship and Research Fund |
| Director | Project Vote Smart |

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

Page 1 of **3**

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 4:46

OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES
 (Office Use Only)

Name: **William Todd Akin**

Daytime Telephone: **202-225-2561**

| | | | | |
|---------------------|---|--|--|-------------------|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: Missouri District: 2 | <input type="checkbox"/> Officer or Employee | Employing Office: |
| Report Type | <input checked="" type="checkbox"/> Annual (May 16, 2011) | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination | Termination Date: |

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|--|---|--|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|--|---|
| TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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W. TODD AKIN

Page 2 of 3

| BLOCK A Asset and/or Income Source | | BLOCK B Value of Asset | | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction |
|---|---|---|---------------|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|---------------------------|----------------------------|-----------------------------|-------------------|--|-----------|------|----------|---------------|----------------------|---|------|-------------|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|---------------------------|--|
| Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. | | Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. | | | | | | | | | | | | Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period. | | | | | | For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. | | | | | | | | | | | Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
| Provide complete names of stocks and mutual funds (do not use ticker symbols). | | A | B | C | D | E | F | G | H | I | J | K | L | | | | | | | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P S E |
| For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. | | None | \$1 - \$1,000 | \$1,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$250,000 | \$250,001 - \$500,000 | \$500,001 - \$1,000,000 | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$25,000,000 | \$25,000,001 - \$50,000,000 | Over \$50,000,000 | NONE | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | None | \$1 - \$200 | \$201 - \$1,000 | \$1,001 - \$2,500 | \$2,501 - \$5,000 | \$5,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$1,000,000 | \$1,000,001 - \$5,000,000 | |
| SP | Mega Corp. Stock | | | | X | | | | | | | | | X | | | X | | | Royalties | | | X | | | | | X | | | S (partial) |
| DC, Examples: | Simon & Schuster | | Indefinite | | | | | | | | | | | | | X | | | | | | | | | X | | | | | | |
| JT | 1st Bank of Paducah, KY Accounts | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | MERRILL LYNCH RETIREMENT ANNUITY - QUALITY EQUITY | | | X | | | | | | | | | | | | | | | | ANNUITY | X | | | | | | | | | | |
| | IRA - AIM WEINGARTEN | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| SP | IRA - AIM WEINGARTEN | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| | ROTH IRA - DWS DREMAN HONOLULU | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| SP | ROTH IRA - DWS DREMAN HONOLULU | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| JT | AT + T | | X | | | | | | | | | | | X | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

W. TODD AKIN

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UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 6
 For use by Members, officers, and employees

HAND DELIVERED

John Russell Carnahan
 (Full Name)

202-225-2671
 (Daytime Telephone)

1501 MAY 12 PM 4:45
 (Office Use Only)

MC

| | | | | |
|---------------------|---|---|--|-------------------------|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>MO</u> District: <u>03</u> | <input type="checkbox"/> Officer Or Employee | Employing Office: _____ |
| | | | | |
| Report Type | <input checked="" type="checkbox"/> Annual (May 15) | <input type="checkbox"/> Amendment | Termination Date: _____ | |
| | | | | |

U.S. A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I. | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI. |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II. | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII. |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III. | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII. |
| IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV. | IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX. |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V. | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | |
|---------------------|---|
| Trusts-- | Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Exemptions-- | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Russell Carnahan

Page 2 of 6

BLOCK A

Asset and/or Income Source

Identify (e) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement

BLOCK B

Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E

Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

| | | | | | |
|----|------------------------------|-----------------------|-----------|-------------|--|
| JT | Family Farm, Rolla, MO | \$250,001 - \$500,000 | None/None | NONE | |
| JT | St. Louis Comm. Credit Union | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |

SCHEDULE IV - TRANSACTIONS

Name John Russell Carnahan

Page 3 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP, DC, JT | Asset | Type of Transaction | Capital Gain in Excess of \$200? | Date | Amount of Transaction |
|------------------|-------------------------------------|------------------------|---|---------------|-----------------------|
| | Carnahan Farms LLC | S(part) | Yes | January 2010 | \$15,001 - \$50,000 |
| JT | Rental Property, Jefferson City, MO | S | Yes | February 2010 | \$50,001 - \$100,000 |

SCHEDULE V - LIABILITIES

Name John Russell Carnahan

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

| SP, DC, JT | Creditor | Date Liability Incurred | Type of Liability | Amount of Liability |
|------------------|---|-------------------------------|---|----------------------|
| JT | MO State Credit Union, Jefferson City, MO | | Mortgage on rental property, 715 Cliff Street, Jefferson City, MO | \$50,001 - \$100,000 |
| SP | Sallie Mae, Wilkes-Barre, PA | | Student Loan | \$10,001 - \$15,000 |

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Russell Carnahan

Page 5 of 6

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure-- Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Days not at sponsor's expense |
|--|-------------------|--|-------------------|----------------|---|-------------------------------------|
| U.S. Association of Former Members of Congress Congressional Study Group on Germany | May 13- May 15 | DC-St. Louis-DC | N | Y | Y | 2 Days |

SCHEDULE VIII - POSITIONS

Name John Russell Carnahan

Page 6 of 6

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|----------|----------------------|
| Member | Carnahan Farms LLC |

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

FORM A Page 1 of 10
For use by Members, officers, and employees

HAND DELIVERED

VICKY JO HARTZLER

202-225-2876

(Full Name)

(Daytime Telephone)

**Filer
Status**

☒ Member of the U.S.
House of Representatives

State: MO
District: 04

☐ Officer Or
Employee

Employing Office:

**Report
Type**

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 12:04

(Office Use Only)

**A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.**

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| <p>I. Did you or your spouse have "earned" income (a.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p> | <p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p> |
| <p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p> | <p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p> |
| <p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p> | <p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p> |
| <p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p> | <p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.</p> |
| <p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.</p> | <p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p> |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---------------------|--|---|
| Trusts-- | Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of each a trust benefiting you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Exemptions-- | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE I - EARNED INCOME

Name VICKY JO HARTZLER

Page 2 of 10

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source | Type | Amount |
|----------------------------|-------------------------|--------|
| Hartzler Equipment Company | Spouse Salary | N/A |
| Lowell J. Hartzler | Spouse Sales Commission | N/A |
| Hartzler Farms, Inc. | Spouse Salary | N/A |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name VICKY JO HARTZLER

Page 3 of 10

| BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or | BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period. | BLOCK D Amount of Income For retirement accounts that do not allow you to choose a specific investment or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. | BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
|--|---|---|---|---|
| State of Missouri Deferred Compensation Plan (not self directed) | \$1,001 - \$15,000 | None | NONE | |
| American United Life Insurance Company | \$1,001 - \$15,000 | None | NONE | |
| DC MOST 529 Advisor Plan as follows: | | | | |
| DC Templeton Growth | None | None | NONE | S |
| DC Van Kampen Comstock | None | None | NONE | S |
| DC American Funds American Mutual Portfolio | None | None | NONE | S |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name VICKY JO HARTZLER

Page 4 of 10

| | | | | | |
|----|--|---------------------------|---------------|-------------------------|----|
| DC | 529 American Funds Plan as follows: | | | | |
| DC | New Perspective Fund - C | \$1,001 - \$15,000 | None | NONE | P |
| DC | The Investment Company of America - C | \$1,001 - \$15,000 | None | NONE | P |
| DC | Capital Income Builder - A | \$1,001 - \$15,000 | None | NONE | P |
| | Capitol Income Builder - B | None | None | NONE | PS |
| DC | American Balanced Fund - A | \$1,001 - \$15,000 | None | NONE | P |
| DC | American Balanced Fund - B | \$1,001 - \$15,000 | None | NONE | |
| JT | Community Bank of Harrisonville, MO (formerly Central Bank of Kansas City) | \$100,001 - \$250,000 | INTEREST | \$201 - \$1,000 | |
| JT | Hartzler Equipment Company, Harrisonville, MO | \$1,000,001 - \$5,000,000 | DIVIDENDS | \$100,001 - \$1,000,000 | |
| JT | Hartzler Farms, Inc., Harrisonville, MO | \$1,000,001 - \$5,000,000 | DIVIDENDS | \$5,001 - \$15,000 | |
| SP | Heartland Aviation, LLC | \$50,001 - \$100,000 | RENT | \$5,001 - \$15,000 | |
| SP | MF Global, Inc. (not self directed) | None | CAPITAL GAINS | \$2,501 - \$5,000 | S |
| SP | Vision Financial Markets, UL (not self directed) | \$1,001 - \$15,000 | None | NONE | |
| SP | Union Central 401(k) Plan as follows: | | | | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name VICKY JO HARTZLER

Page 5 of 10

| | | | | | |
|----|--|-------------------------|------|---------------------|--|
| SP | Deposit Account | \$1,001 - \$15,000 | None | NONE | |
| SP | Calvert Cash Reserves | \$15,001 - \$50,000 | None | NONE | |
| SP | Pimco Total Return | \$15,001 - \$50,000 | None | NONE | |
| | Farm Real Estate located in Harrisonville, MO, as follows: | | | | |
| JT | 26005 E. 283rd St. | \$250,001 - \$500,000 | RENT | \$5,001 - \$15,000 | |
| JT | E 299th St. | \$100,001 - \$250,000 | RENT | \$2,501 - \$5,000 | |
| JT | S East Outer Rd. | \$500,001 - \$1,000,000 | RENT | \$5,001 - \$15,000 | |
| JT | E 291st St. | \$250,001 - \$500,000 | RENT | \$5,001 - \$15,000 | |
| JT | S State Rt. TT | \$15,001 - \$50,000 | RENT | \$201 - \$1,000 | |
| | S State Rt. TT | \$100,001 - \$250,000 | RENT | \$201 - \$1,000 | |
| JT | 29615 S. Hartzler Rd. | \$500,001 - \$1,000,000 | RENT | \$15,001 - \$50,000 | |
| | E 299th St. | \$100,001 - \$250,000 | RENT | \$2,501 - \$5,000 | |
| JT | 30218 S Pleasant Rdg Rd. | \$100,001 - \$250,000 | None | NONE | |
| JT | S State Rt. TT | \$100,001 - \$250,000 | RENT | \$201 - \$1,000 | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name VICKY JO HARTZLER

Page 6 of 10

| | | | | | |
|----|--|--------------------------|------|-----------------|--|
| SP | KLD Farms, 28004 S. West Outer Rd., Harrisonville, MO | \$100,001 - \$250,000 | RENT | \$201 - \$1,000 | |
| | RBC Insurance - Whole Life | \$50,001 - \$100,000 | None | NONE | |

SCHEDULE IV - TRANSACTIONS

Name VICKY JO HARTZLER

Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP, DC, JT | Asset | Type of Transaction | Capital Gain in Excess of \$200? | Date | Amount of Transaction |
|------------------|--|------------------------|---|---------|-----------------------|
| DC | American Funds American Mutual Portfolio | S | No | 3-25-10 | \$1,001 - \$15,000 |
| DC | Templeton Growth | S | No | 3-25-10 | \$1,001 - \$15,000 |
| DC | Van Kampen Comstock | S | No | 3-25-10 | \$1,001 - \$15,000 |
| DC | American Balanced | S | No | 3-25-10 | under \$1,000 |
| DC | New Perspective Fund C | P | N/A | 4-1-10 | \$1,001 - \$15,000 |
| DC | The Investment Company of America - C | P | N/A | 4-1-10 | \$1,001 - \$15,000 |
| DC | Capital Income Builder - A | P | N/A | 4-1-10 | \$1,001 - \$15,000 |
| DC | American Balanced Fund - A | P | N/A | 4-1-10 | \$1,001 - \$15,000 |
| JT | MF Global, Inc. (not self directed) | S | Yes | 10-8-10 | \$15,001 - \$50,000 |
| | Capitol Income Builder - B | P | N/A | 3-4-10 | \$1,001 - \$15,000 |
| | Capitol Income Builder - B | S | No | 3-10-10 | \$1,001 - \$15,000 |

SCHEDULE V - LIABILITIES

Name VICKY JO HARTZLER

Page 8 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

| SP, DC, JT | Creditor | Date Liability Incurred | Type of Liability | Amount of Liability |
|------------------|-----------------------------------|-------------------------------|--|-------------------------|
| JT | FCS Financial, Jefferson City, MO | March 2001 | Farm Real Estate Mortgage (S. State Rt TT) | \$50,001 - \$100,000 |
| JT | FCS Financial, Jefferson City, MO | Dec 2008 | Farm Real Estate Mortgage (29615 Hartzler Rd) | \$500,001 - \$1,000,000 |
| JT | FCS Financial, Jefferson City, MO | Aug 2002 | Farm Real Estate Mortgage (S East Outer Rd) | \$50,001 - \$100,000 |

SCHEDULE VIII - POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|----------|----------------------------|
| Officer | Hartzler Equipment Company |
| Officer | Hartzler Farms, Inc. |

SCHEDULE IX - AGREEMENTS

Name VICKY JO HARTZLER

Page 10 of 10

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|------------|--|---|
| 10-4-2007 | Pleasant Word/Winepress Publishing Agreement | Royalties on sales of book |
| 12-31-2000 | MO State Employee Retirement System | Continued participation in a retirement account |

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
FORM A Page 1 of 9
 For use by Members, officers, and employees

MAY 13 AM 11:50

U.S. HOUSE OF REPRESENTATIVES

MC

Emanuel Cleaver, II

202-225-4535

(Full Name)

(Daytime Telephone)

HAND DELIVERED
 (Office Use Only)

Filer Status

☒ Member of the U.S. House of Representative

State: MO

District: 5th

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.
PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I. | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI. |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II. | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII. |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III. | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII. |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV. | IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX. |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V. | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|---------------------|--|---|
| Trusts-- | Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Exemptions-- | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE I - EARNED INCOME

Name Emanuel Cleaver, II

Page 2 of 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source | Type | Amount |
|--|--|----------|
| Self Employment, Consulting, Kansas City, Missouri | Spouse Salary | N/A |
| KCMO Pension Plan, The Northern Trust Company, F.B.O. KCMO Employee; Kansas City, MO | Benefit recieved from Pension Plan, Per Agreement between Emanuel Cleaver and KCMO City Government | \$20,932 |
| Missouri Annual Conference of United Methodist Church | Salary | \$9,664 |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

Page 3 of 9

| BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or | BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period. | BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. | BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
|--|---|---|--|---|
| SP Allianz Life Insurance Company, 10% Bonus POWERDEX ELITE ANNUITY (IRA) | \$100,001 - \$250,000 | None | NONE | |
| SP Allianz Life Insurance Company, SIMPLE RETIREMENT PLAN (IRA) | \$15,001 - \$50,000 | None | NONE | |
| JT The Cleaver Co., LLC Grandview, Missouri; The Grandview Auto Wash (Auto Landry Business) | \$100,001 - \$250,000 | Partner Income | NONE | |
| The General Board of Pension and Health Benefits of the United Methodist Church-Ministerial Pension Plan - Domestic Bond Fund | \$50,001 - \$100,000 | INTEREST | \$1,001 - \$2,500 | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

Page 4 of 9

| | | | |
|--|-----------------------|----------|--------------------|
| The General Board of Pension and Health Benefits of the United Methodist Church-Ministerial Pension Plan - Domestic Stock Fund | \$50,001 - \$100,000 | INTEREST | \$201 - \$1,000 |
| The General Board of Pension and Health Benefits of the United Methodist Church-Ministerial Pension Plan - Inflation Protection | \$50,001 - \$100,000 | INTEREST | \$1,001 - \$2,500 |
| The General Board of Pension and Health Benefits of the United Methodist Church-Ministerial Pension Plan - International Stock Fund | \$15,001 - \$50,000 | INTEREST | \$201 - \$1,000 |
| The General Board of Pension and Health Benefits of the United Methodist Church-Ministerial Pension Plan - Stable Value Fund | \$100,001 - \$250,000 | INTEREST | \$5,001 - \$15,000 |
| The General Board of Pension and Health Benefits of the United Methodist Church-Personal Investment Plan - Domestic Bond Fund | \$1,001 - \$15,000 | INTEREST | \$201 - \$1,000 |
| The General Board of Pension and Health Benefits of the United Methodist Church-Personal Investment Plan - Domestic Stock Plan | \$15,001 - \$50,000 | INTEREST | \$201 - \$1,000 |
| The General Board of Pension and Health Benefits of the United Methodist Church-Personal Investment Plan - Inflation Protection Plan | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

Page 5 of 9

| | | | |
|--|------------------------|----------|-------------------|
| The General Board of Pension and Health Benefits of the United Methodist Church- Personal Investment Plan - International Stock Plan | \$1,001 - \$15,000 | INTEREST | \$201 - \$1,000 |
| The General Board of Pension and Health Benefits of the United Methodist Church- Personal Investment Plan - Stable Value Fund | \$15,001 - \$50,000 | INTEREST | \$1,001 - \$2,500 |

SCHEDULE V - LIABILITIES

Name Emanuel Cleaver, II

Page 6 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

| SP, DC, JT | Creditor | Date Liability Incurred | Type of Liability | Amount of Liability |
|------------------|---|-------------------------------|-------------------|---------------------|
| | FNMA Co-Signator for Willoris McNeel (Niece) | April 1998 | Student Loan | \$10,001 - \$15,000 |

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Emanuel Cleaver, II

Page 7 of 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure-- Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Days not at sponsor's expense |
|--|------------|--|-------------------|----------------|---|-------------------------------------|
| The Congressional Black Caucus Political Education and Leadership Institute | Aug. 12-15 | Kansas City, MO-Tunica, MS- Kansas City, MO | Y | Y | Y | None |

SCHEDULE VIII - POSITIONS

Name Emanuel Cleaver, II

Page 8 of 9

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|-------------------|-----------------------------|
| Board of Trustees | National World War I Museum |

SCHEDULE IX - AGREEMENTS

Name Emanuel Cleaver, II

Page 9 of 9

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|------------|--|---|
| 01/01/2006 | Emanuel Cleaver; The City of Kansas City, Missouri | Agreement between Emanuel Cleaver and the City of Kansas City, Missouri; Continuing Interest in Pension Plan Related to Former Employment |

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 7
For use by Members, officers, and employees

Samuel B. "Sam" Graves, Jr.
(Full Name)

(202) 225-7041
(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 AM 11:35
(Office Use Only)

MC

Filer
Status

☒ Member of the U.S.
House of Representative State: MO
District: 6th

☐ Officer Or
Employee

Employing Office:

Report
Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|--|---|--|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | |
|--------------|--|---|
| Trusts-- | Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Exemptions-- | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE I - EARNED INCOME

Name Samuel B. "Sam" Graves, Jr.

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source | Type | Amount |
|--------------------------------------|---|----------------|
| Tarkio, Missouri R-1 School District | Teachers Salary of spouse, Lesley J. Graves | Not Applicable |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Samuel B. "Sam" Graves, Jr.

Page 3 of 7

| BLOCK A | BLOCK B | BLOCK C | BLOCK D | BLOCK E |
|--|---|---|--|---|
| Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or | Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period. | Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. | Transaction indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
| Airport Farms Aviation LLC (Vans RV-8 being constructed by owner) | \$15,001 - \$50,000 | NONE | NONE | |
| Archer Aviation LLC (1974 Piper Cherokee 180) | \$15,001 - \$50,000 | NONE | NONE | |
| SP Biofuels LLC (Biodiesel Plant in Mexico, MO) | \$1,001 - \$15,000 | DIVIDENDS | \$201 - \$1,000 | |
| JT Centennial Money Market Fund Wells Fargo (formerly Wachovia Investments) | \$1,001 - \$15,000 | INTEREST/DIVIDENDS | \$1 - \$200 | |
| JT Congressional Federal Credit Union | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Samuel B. "Sam" Graves, Jr.

Page 4 of 7

| | | | | | |
|----|---|----------------------------|-----------------------------|---------------------|--|
| JT | E-Trade Checking Account | \$15,001 - \$50,000 | INTEREST | \$1 - \$200 | |
| JT | Farm Equipment and Machinery | \$15,001 - \$50,000 | NONE | NONE | |
| SP | Golden Triangle Energy Cooperative (Craig, MO) | \$1,001 - \$15,000 | DIVIDENDS/DIST RIBUTIONS | \$1,001 - \$2,500 | |
| JT | Graves Brothers Farm (Undivided 1/3 interest \$120,000) | \$250,001 - \$500,000 | OTHER: FARM INCOME | \$2,501 - \$5,000 | |
| JT | Rockin Hord, LLC; Springfield, Missouri (No activity) | \$1 - \$1,000 | NONE | NONE | |
| JT | Sam Graves Farms: Clark Township & Tarkio Township, Atchison County, MO | \$500,001 - \$1,000,000 | FARM INCOME | \$15,001 - \$50,000 | |
| JT | Time Warner, Inc. and Time Warner Cable (a spin off from Time Warner, Inc.) | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |
| JT | US Bank (Two Checking Accounts) | \$15,001 - \$50,000 | INTEREST | \$1 - \$200 | |

SCHEDULE V - LIABILITIES

Name Samuel B. "Sam" Graves, Jr.

Page 5 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

| SP, DC, JT | Creditor | Date Liability Incurred | Type of Liability | Amount of Liability |
|------------------|----------------------------------|-------------------------------|---------------------------|-----------------------|
| JT | Farmers State Bank Tarkio, MO | | Farm Mortgage (240 acres) | \$15,001 - \$50,000 |
| JT | Farmers State Bank Tarkio, MO | | Farm Mortgage | \$10,001 - \$15,000 |
| JT | Farmers State Bank Tarkio, MO | | Farm Mortgage | \$100,001 - \$250,000 |

SCHEDULE VIII - POSITIONS

Name Samuel B. "Sam" Graves, Jr.

Page 6 of 7

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|--|---|
| Owner/Proprietor | Sam Graves Farms |
| Partner (together with brothers and spouses) | Graves Brothers Farms |
| Class 2 Director | EAA Warbirds Over America, a 501(c)(3) organization |
| Member | Airport Farms Aviation LLC |
| Member | Archer Aviation LLC |
| Member | Rockin Hord, LLC |

SCHEDULE IX - AGREEMENTS

Name Samuel B. "Sam" Graves, Jr.

Page 7 of 7

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|------|--|--|
| 2000 | State of Missouri Employment Retirement System | State of Missouri Employee Retirement Program as a member of the Missouri General Assembly |

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

Page 1 of 14

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 5:20

U.S. HOUSE OF REPRESENTATIVES

Name: WILLIAM H. "BILLY" LONG, II Daytime Telephone: 417 839-0061

HAND DELIVERED

(Office Use Only)

Filer Status



Member of the U.S. House of Representatives

State: MO

District: 7

☐ Officer or Employee

Employing Office:

Report Type



Annual (May 16, 2011)



Amendment



Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
 If yes, complete and attach Schedule I.

Yes ☒

No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?
 If yes, complete and attach Schedule VI.

Yes ☐

No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
 If yes, complete and attach Schedule II.

Yes ☐

No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?
 If yes, complete and attach Schedule VII.

Yes ☒

No ☐

III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
 If yes, complete and attach Schedule III.

Yes ☒

No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?
 If yes, complete and attach Schedule VIII.

Yes ☒

No ☐

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?
 If yes, complete and attach Schedule IV.

Yes ☒

No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity?
 If yes, complete and attach Schedule IX.

Yes ☐

No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
 If yes, complete and attach Schedule V.

Yes ☒

No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes ☐

No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐

No ☒

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

William H. Long, II
United States House of Representatives
Financial Disclosure Statement - Form A
Calendar Year 2010

Schedule I - Earned Income

| Source | Type | Amount |
|--|--------------------|--------|
| Billy Long Auctioneer (Sole Proprietor): | | |
| Murnery Associates L.L.C. | Commissions | 14,953 |
| Keller Williams Realty, Inc. | Commissions | 1,863 |
| Archie Thompson, Jr | Sale of Hay | 3,780 |
| Gross Sales of Real Estate for Resale | Sales | none |
| Sale of Tractor and Brush Hog | Sale of Equipment | 22,500 |
| Keller Williams Realty, Inc. | Spouse Commissions | N/A |

| | |
|------------------------------------|--------------|
| WILLIAM H "BILLY" LONG, II Name | Page 4 of 14 |
|------------------------------------|--------------|

For additional assets and unearned income, use next page.

| Asset and/or Income Source | Value of Asset | | | | | | | | | | | | Type of Income | Amount of Income | Transaction |
|---|----------------|---|---|---|---|---|---|---|---|---|---|---|---------------------------|------------------|-------------|
| | A | B | C | D | E | F | G | H | I | J | K | L | | | |
| None | | | | | | | | | | | | | None | | |
| \$1 - \$1,000 | | | | | | | | | | | | | \$201 - \$1,000 | | |
| \$1,001 - \$15,000 | | | | | | | | | | | | | \$1,001 - \$2,500 | | |
| \$15,001 - \$50,000 | | | | | | | | | | | | | \$2,501 - \$5,000 | | |
| \$50,001 - \$100,000 | | | | | | | | | | | | | \$5,001 - \$15,000 | | |
| \$100,001 - \$250,000 | | | | | | | | | | | | | \$15,001 - \$50,000 | | |
| \$250,001 - \$500,000 | | | | | | | | | | | | | \$50,001 - \$100,000 | | |
| \$500,001 - \$1,000,000 | | | | | | | | | | | | | \$100,001 - \$1,000,000 | | |
| \$1,000,001 - \$2,500,000 | | | | | | | | | | | | | \$1,000,001 - \$5,000,000 | | |
| \$2,500,001 - \$5,000,000 | | | | | | | | | | | | | Over \$5,000,000 | | |
| \$5,000,001 - \$10,000,000 | | | | | | | | | | | | | | | |
| \$10,000,001 - \$25,000,000 | | | | | | | | | | | | | | | |
| \$25,000,001 - \$50,000,000 | | | | | | | | | | | | | | | |
| \$50,000,001 - \$100,000,000 | | | | | | | | | | | | | | | |
| \$100,000,001 - \$250,000,000 | | | | | | | | | | | | | | | |
| \$250,000,001 - \$500,000,000 | | | | | | | | | | | | | | | |
| \$500,000,001 - \$1,000,000,000 | | | | | | | | | | | | | | | |
| \$1,000,000,001 - \$2,500,000,000 | | | | | | | | | | | | | | | |
| \$2,500,000,001 - \$5,000,000,000 | | | | | | | | | | | | | | | |
| \$5,000,000,001 - \$10,000,000,000 | | | | | | | | | | | | | | | |
| \$10,000,000,001 - \$25,000,000,000 | | | | | | | | | | | | | | | |
| \$25,000,000,001 - \$50,000,000,000 | | | | | | | | | | | | | | | |
| \$50,000,000,001 - \$100,000,000,000 | | | | | | | | | | | | | | | |
| \$100,000,000,001 - \$250,000,000,000 | | | | | | | | | | | | | | | |
| \$250,000,000,001 - \$500,000,000,000 | | | | | | | | | | | | | | | |
| \$500,000,000,001 - \$1,000,000,000,000 | | | | | | | | | | | | | | | |
| \$1,000,000,000,001 - \$2,500,000,000,000 | | | | | | | | | | | | | | | |
| \$2,500,000,000,001 - \$5,000,000,000,000 | | | | | | | | | | | | | | | |
| \$5,000,000,000,001 - \$10,000,000,000,000 | | | | | | | | | | | | | | | |
| \$10,000,000,000,001 - \$25,000,000,000,000 | | | | | | | | | | | | | | | |
| \$25,000,000,000,001 - \$50,000,000,000,000 | | | | | | | | | | | | | | | |
| \$50,000,000,000,001 - \$100,000,000,000,000 | | | | | | | | | | | | | | | |
| \$100,000,000,000,001 - \$250,000,000,000,000 | | | | | | | | | | | | | | | |
| \$250,000,000,000,001 - \$500,000,000,000,000 | | | | | | | | | | | | | | | |
| \$500,000,000,000,001 - \$1,000,000,000,000,000 | | | | | | | | | | | | | | | |
| \$1,000,000,000,000,001 - \$2,500,000,000,000,000 | | | | | | | | | | | | | | | |
| \$2,500,000,000,000,001 - \$5,000,000,000,000,000 | | | | | | | | | | | | | | | |
| \$5,000,000,000,000,001 - \$10,000,000,000,000,000 | | | | | | | | | | | | | | | |
| \$10,000,000,000,000,001 - \$25,000,000,000,000,000 | | | | | | | | | | | | | | | |

[illegible][illegible][illegible]

[illegible][illegible][illegible]

William H. Long, II
 United States House of Representatives
 Financial Disclosure Statement - Form A
 Calendar Year 2010

Schedule III - Assets and "Unearned" Income

| Asset and/or Income Source | | | | | | | | | | | | | Value of Asset | | | | | | | | | | | | Type of Income | | | | | | Amount of Income | | | | | | Transaction | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------|-----------------|----------------------|-----------------------|------------------------|-------------------------|-------------------------|---------------------------|-----------------------------|------------------------------|-------------------------------|----------------------------------|----------------|-----------|------|----------|---------------|----------------------|----------------------|------|---------------|-------------------|---------------------|---------------------|----------------------|-----------------------|------------------------|---------------------------|-----------------------------|-------------------|
| | | | | | | | | | | | | | A | B | C | D | E | F | G | H | I | J | K | L | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | None | \$ 1 - \$ 1,000 | \$ 1,001 - \$ 15,000 | \$ 15,001 - \$ 50,000 | \$ 50,001 - \$ 100,000 | \$ 100,001 - \$ 250,000 | \$ 250,001 - \$ 500,000 | \$ 500,001 - \$ 1,000,000 | \$ 1,000,001 - \$ 5,000,000 | \$ 5,000,001 - \$ 25,000,000 | \$ 25,000,001 - \$ 50,000,000 | \$ 50,000,001 - \$ 1,000,000,000 | None | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | OTHER TYPE OF INCOME | None | \$ 1 - \$ 200 | \$ 201 - \$ 1,000 | \$ 1,001 - \$ 2,500 | \$ 2,501 - \$ 5,000 | \$ 5,001 - \$ 15,000 | \$ 15,001 - \$ 50,000 | \$ 50,001 - \$ 100,000 | \$ 100,001 - \$ 1,000,000 | \$ 1,000,001 - \$ 5,000,000 | Over \$ 5,000,000 |
| Vanguard Prime Money Market Fund | | | | | | | | | | | | | | | x | | | | | | | | | | x | | | | | | | | | | | | | | | | | |
| Wells Fargo Advisors: Bank Deposit Sweep | | | | | | | | | | | | | | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | |
| Fidelity Investments: Fidelity US Gov't Reserves | | | | | | | | | | | | | | | x | | | | | | | | | | x | | | | | | | | | | | | | | | | | |
| 529 MOST Accounts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse for Child | | | | | | | | | | | | | | x | | | | | | | | | | | x | | | | | x | | | | | | | | | | | | |
| Insurance Policies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Metlife Insurance Co. of Connecticut Interest Sensitive Whole Life, Cash Value | | | | | | | | | | | | | | | | | x | | | | | | | | x | | | | | x | | | | | | | | | | | | |
| Business Interests: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Billy Long Auctioneer, Sole Proprietorship Real Estate and Personal Property Commission Sales, Springfield, MO 100% ownership share | | | | | | | | | | | | | | | | x | | | | | | | | | | | | | x | | | | | | | | | | | | | |
| Billy Long Auctions, L.L.C. Real Estate and Personal Property Commission Sales, Springfield, MO 100% Member ownership share | | | | | | | | | | | | | | | | | x | | | | | | | | | | | | | | x | | | | | | | | | | | |
| Billy Long Auctioneers, Inc., Sub S Corporation Real Estate and Personal Property Commission Sales, Springfield, MO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

8/14

William H. Long, II
 United States House of Representatives
 Financial Disclosure Statement - Form A
 Calendar Year 2010

Schedule III - Assets and "Unearned" Income

| Asset and/or Income Source | Value of Asset | | | | | | | | | | | | Type of Income | Amount of Income | | | | Transaction | | | | | | |
|----------------------------|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|----------------|------------------|--|--|--|-------------|--|--|--|--|----|--|
| | A | B | C | D | E | F | G | H | I | J | K | L | | | | | | | | | | | | |
| | None | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1 - \$ 1,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,001 - \$ 15,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 15,001 - \$ 50,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 50,001 - \$ 100,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 100,001 - \$ 250,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 250,001 - \$ 500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 500,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
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| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
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| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
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| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
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| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 5,000,001 - \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 1,000,001 - \$ 2,500,000 | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 2,500,001 - \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | </ | |

SCHEDULE IV— TRANSACTIONS

Name WILLIAM H. "BILLY" LONG, II

Page 9 of 14

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. **If only a portion of an asset is sold, please so indicate (i.e., "partial sale").** See example below.

Cepitel Gains — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

SCHEDULE V— LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

| SP, DC, JT | Creditor | | Date Liability Incurred Mo/Year | Type of Liability | Amount of Liability | | | | | | | | | |
|------------------|-------------------|------------------------------|--|-------------------------------------|----------------------------|----------------------------|-----------------------------|------------------------------|------------------------------|--------------------------------|----------------------------------|-----------------------------------|------------------------------------|---------------------------|
| | | | | | A \$10,001- \$15,000 | B \$15,001- \$50,000 | C \$50,001- \$100,000 | D \$100,001- \$250,000 | E \$250,001- \$500,000 | F \$500,001- \$1,000,000 | G \$1,000,001- \$5,000,000 | H \$5,000,001- \$25,000,000 | I \$25,000,001- \$50,000,000 | J Over \$50,000,000 |
| | Example: | First Bank of Wilmington, DE | May 1998 | Mortgage on 123 Main St., Dover, DE | | | | X | | | | | | |
| | SCHEDULE ATTACHED | | | | | | | | | | | | | |
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SCHEDULE VI— GIFTS
















Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|--|-------|
| Example: Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | \$345 |
| NONE | NONE | NONE |
| | | |
| | | |
| | | |

[illegible]

| | | | | | | | | | |
|----|--|------|------------------------------------|---|---|---|---|---|---|
| JT | Commerce Bank, Springfield, MO | 2010 | Mortgage on Commercial Rental |  | x |  |  |  |  |
| JT | Ozark Bank, Ozark, MO | 2008 | Mortgage on Real Estate for Resale |  | |  | x |  |  |
| JT | Empire Bank, Springfield, MO (Pd 11/30/10) | 2006 | Mortgage of Real Estate for Resale |  | |  | | x |  |
| JT | Bank of America, Simi Valley, CA | 2007 | Mortgage on Rental Condominium |  | |  | | |  |

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

| Position | Name of Organization |
|-----------------|--|
| Sole Proprietor | Billy Long Auctioneers - This business was terminated on December 31, 2010 - No business after that date. |
| Member | Billy Long Auctions, LLC - Resigned this position on January 1, 2011. No longer a member after that date. |
| President | Billy Long Auctioneers, Inc - Resigned this position January 1, 2011. No longer an officer or shareholder. |
| President | Billy Long, Inc - Resigned this position January 1, 2011. No longer an officer or shareholder. |
| | |

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|------|------------|--------------------|
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UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

Page 1 of ____

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2011 MAY -3 PM 3:07

OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES
 (Office Use Only)

MC

Name: William Blaine Luotkemeyer

Daytime Telephone: 573-493-2395

Filer Status



Member of the U.S. House of Representatives

State: Missouri
 District: 9



Officer or Employee

Employing Office: _____

Report Type



Annual (May 16, 2011)



Amendment



Termination

Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
 If yes, complete and attach Schedule I.

Yes



No



VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?
 If yes, complete and attach Schedule VI.

Yes



No



II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
 If yes, complete and attach Schedule II.

Yes



No



VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?
 If yes, complete and attach Schedule VII.

Yes



No



III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
 If yes, complete and attach Schedule III.

Yes



No



VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?
 If yes, complete and attach Schedule VIII.

Yes



No



IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?
 If yes, complete and attach Schedule IV.

Yes



No



IX. Did you have any reportable agreement or arrangement with an outside entity?
 If yes, complete and attach Schedule IX.

Yes



No



V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
 If yes, complete and attach Schedule V.

Yes



No



Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes



No



EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes



No



For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

Name William Browne Luskman

Page ____ of ____

| BLOCK A | BLOCK B | BLOCK C | BLOCK D | BLOCK E |
|--|---|--|---|--|
| Asset and/or Income Source | Value of Asset | Type of Income | Amount of Income | Transaction |
| Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. | Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." | Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period. | For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividende, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. | Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
| Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet. | A B C D E F G H I J K L | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | I II III IV V VI VII VIII IX X XI | If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E |
| None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 | None NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 | S (partial) | |
| Examples: | | Royalties | X | |
| ST ST. ELIZABETH BANKSHARES, INC ST. ELIZABETH, MO | X | | | |
| JT Carmen Lueken Living Trust ST. ELIZABETH MO (only asset is ST. ELIZABETH BANKSHARES STOCK) | X | | | |
| JT Cedar Ridge Acres, LLC META MO | X | Farm Income | X | |

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

Page ____ of ____

This page may be copied if more space is required.

SCHEDULE IV— TRANSACTIONS

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. **If only a portion of an asset is sold, please so indicate (i.e., "partial sale").** See example below.

Capital Gains — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

Type of Transaction

PURCHASE

SALE

EXCHANGE

Check Box if Capital Gain Exceeded \$200

Date

(MO/DAY/YR)
or
Quarterly,
Monthly, or
Bi-weekly, if
applicable

Amount of Transaction

A
\$1,001-
\$15,000

B
\$15,001-
\$50,000

C
\$50,001-
\$100,000

D
\$100,001-
\$250,000

E
\$250,001-
\$500,000

F
\$500,001-
\$1,000,000

G
\$1,000,001-
\$5,000,000

H
\$5,000,001-
\$25,000,000

I
\$25,000,001-
\$50,000,000

J
Over
\$50,000,000

SP, DC, JT

Asset

SP

Example:

Mega Corporation Common Stock (partial sale)

X

10-12-10

X

None

SCHEDULE V— LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

| SP, DC, JT | Creditor | | Date Liability Incurred Mo/Year | Type of Liability | Amount of Liability | | | | | | | | | |
|------------------|---|------------------------------|--|--|-----------------------|-----------------------|------------------------|-------------------------|-------------------------|---------------------------|-----------------------------|------------------------------|-------------------------------|----------------------|
| | | | | | A | B | C | D | E | F | G | H | I | J |
| | | | | | \$10,001- \$15,000 | \$15,001- \$50,000 | \$50,001- \$100,000 | \$100,001- \$250,000 | \$250,001- \$500,000 | \$500,001- \$1,000,000 | \$1,000,001- \$5,000,000 | \$5,000,001- \$25,000,000 | \$25,000,001- \$50,000,000 | Over \$50,000,000 |
| | Example: | First Bank of Wilmington, DE | May 1998 | Mortgage on 123 Main St., Dover, DE | | | | X | | | | | | |
| JT | BANK OF S. ELIZABETH MO | | 10-05 | MORTGAGE on JAMA IN MARIES CUNTY, MO (CEDAR RIDGE ACROSS, LLC) | | | X | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| IT | MISSOURI INDEPENDENT BANK JEFFERSON CITY, MO | | 07-09 | PERSONAL CITY OF BANK FIDUCIARY | | | | | | X | | | | |

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|--|--|-------|
| <i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | \$345 |
| <i>None</i> | | |
| | | |
| | | |
| | | |

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

| Position | Name of Organization |
|-------------|----------------------|
| <i>NONE</i> | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|-------------|--------------------------|--|
| <i>6-08</i> | <i>STATE OF MISSOURI</i> | <i>LEGISLATOR'S RETIREMENT BENEFIT</i> |
| <i>1-99</i> | <i>STATE OF MISSOURI</i> | <i>DEFERRED RETIREMENT BENEFIT AS</i> |
| | | <i>EMPLOYEE OF STATE OF MISSOURI</i> |
| | | |
| | | |